

216006112
80981

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 071	Agency Case No. B6-011181	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/08/2016		TIME OF ACCIDENT 1450	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1526	02/08/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2241 O ST			PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	92.00			X	S. 23RD ST	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
20	MILES			N S E W	AND MILES	OF NEAREST CITY OR TOWN
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	DRIVER	PHONE			LOCAL NO.	
1	PARKED				DATE OF BIRTH (MM / DD / YYYY)	V1/1 18
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP				V1/2
1	OWNER	PHONE			LOCAL NO.	
G	IMOGENE K MATEJKA (04-28-1947)	402-489-9275				
2	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H	7642 PHARES DR, LINCOLN, NE 68516					V1/3
5	LICENSE PLATE PA NO. TAG428	YEAR 2016	STATE (Of Plate) NE			
V1/O	VEHICLE	2013	Toyota	MODEL RAV4	BODY STYLE Compact Utility	COLOR gray
1	VEHICLE ID NO. (V1/N)	2T3DFREV3DW042530			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 500	V1/4
V2/O	TOWED TO	TOWED BY			INSURANCE COMPANY ALLSTATE	V1/5 18
1					POLICY NO. 985049658	V1/6 10
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO. H13493723	STATE (Of License) NE			SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	DRIVER	PHONE			LOCAL NO.	
1	SOUSAN DORAEI AHVAZ	402-405-9712			DATE OF BIRTH (MM / DD / YYYY) 07/29/1989	V2/1 19
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP				V2/2
8	4433 F ST #106, LINCOLN, NE 68510					
J	OWNER	PHONE			LOCAL NO.	
01	SADEGH ABAK					
01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO. LB497040
V1/Q	LICENSE PLATE PA NO. STZ384	YEAR 2016	STATE (Of Plate) NE			
V2/Q	VEHICLE	2007	Chevrolet	MODEL TRAILBLAZER	BODY STYLE Medium/large	COLOR maroon / burg
4	VEHICLE ID NO. (V1/N)	1GNDS13S572230749			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 100	V2/5 19
K	TOWED TO	TOWED BY			INSURANCE COMPANY MEMBERSELECT INS CO	V2/6 10
01					POLICY NO. 042783369	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

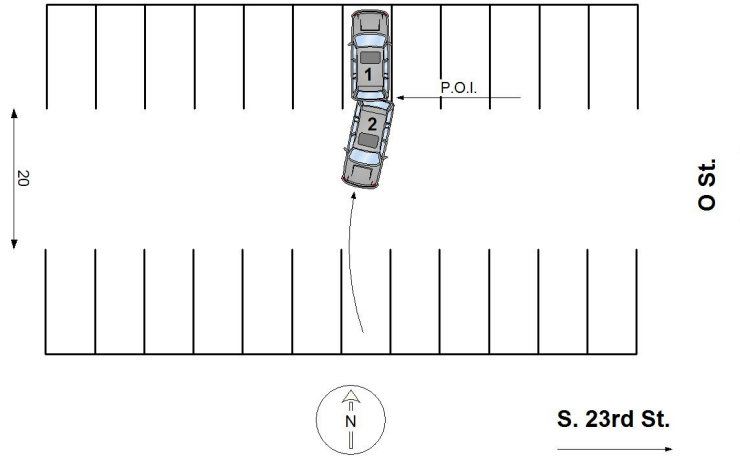
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-011181



Indicate
North
by Arrow

2241 O Street



Not To Scale

**POI #1: 92' west of the west curb of S.
23rd St./40' south of the south curb of
'O' Street**

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was legally parked in the parking lot of 2241 O Street, facing northbound, when it was struck by vehicle #2 while it was backing up. Vehicle #2 was parked in the parking lot of 2241 O Street, facing southbound, when it backed up and struck vehicle #1, and then left the scene of the accident. Driver #2 was contacted later and stated, "I didn't hit the car. If I would have hit the car I would have called the police, but I didn't because I didn't hit it." Haug, witness, stated, "I was in my car in the parking lot and was reading a book when I saw the vehicle back out right into the other vehicle behind it and the vehicle that got hit lunged and shook when it got hit, and then the woman who hit it drove away." Damages to vehicle #1 were 21-28 inches AGL with a maroon paint transfer. Damages to vehicle #2 were 21-28 inches AGL with a gray paint transfer.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS				PHONE
	KAREN A HAUG (02-05-1960) 1000 ISAAC DR, LINCOLN, NE 68521				402-476-2125
WITNESSES	NAME ADDRESS				PHONE
	JOHN J DEGNAN (02-06-1947) 1111 S. 70TH ST #120, LINCOLN, NE 68510				402-261-3801

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2													
1	X				2241 O ST	POINT OF IMPACT	05	POINT OF IMPACT	04												
2	X				2241 O ST	MOST DAMAGED AREA	05	MOST DAMAGED AREA	04												
1	10	06 Turning left 07 Making U-turn				00 None		02 03 04													
2	02	08 Entering traffic lane				09 Top & windows		01 05													
					01 Essentially straight ahead				08 07 06												
					02 Backing																
					03 Changing lanes																
					04 Overtaking/Passing																
					05 Turning right																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																

OFFICER NO. 1513		TROOP/TEAM/BEAT 5		DEPARTMENT Lincoln Police Department		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) Curtis Wolbert				INVESTIGATOR SIGNATURE Approved by Officer Curtis Wolbert			
DATE OF REPORT		02/08/2016					